Fee Structure for Medical Colleges for 1997-98

992. SHRI K. RAHMAN KHAN: Will the PRIME MINISTER be pleased to state:

(a) whether the Medical Council of India has fixed the fee structure for Medical colleges for 1997-98 as per the direction of Supreme Court; if so, what fee structure has been fixed,

(b) the criteria adopted by the Council for fixing the fee structure and whether the expenditure incurred by the colleges for runing the hospitals is also taken into account; and

(c) if the answer to part (a) above be in the negative, the reasons for not fixing the fee structure, so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (b) As per directions of the Supreme Court, Govt, of India have fixed following upper ceiling of fee for private medical colleges in the country which will be effective from the academic year 1997-98.

Payment scats: An amount of Rs. 1.10 lakh per student per annum (12 months) shall be payable as fee. Out of this amount a sum of Rs. 20,000/- per student, per annum (fixed) in case of colleges which do not have their own hospital facilities and Rs. 7,000/- per student per annum (fixed) in case of colleges having partial hospital facilities will be paid Deck to the Govt./authority running the hospital utilised by such medical colleges.

Free/Merit Scats: Rs. 13,000/- per student per annum shall be payable as fees.

The actual fee to be levied within above ceiling is to be fixed by the State Committee set up by the respective State Governments/UTs. The hospital expenses have also been taken into account while fixing the above ceiling on fees.

Increase in T.B. Oases

993. SHRI RAHASBIHARI BARIK: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the increase in the incidence of Tuberculosis (T.B.) in the country;

(b) whether the disease is spreading in the tribal and mining areas in Orissa, Bihar and Madhya Pradesh; and

(c) if so, the steps taken to provide proper treatment for this disease and to aradicate it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) There has been no reported increase in the incidence of tuberculosis in the country.

(b) and (c) There is no report of the disease spreading in tribal and mining areas of Orissa, Bihar and Madhya Pradesh.

Indigenous Drug formulation for treatment of Kala Azar

994. SHRI AKHILESH DAS: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that a new drug formulation has been made in the country for the first time by an Indian company for the treatment of Kala Azar;

(b) whether this drug formulation has successfully completed trials, to test its safety, toxicity and effectiveness and other necessary' tests; and

(c) by when this drug formulation is likely to be made available in the market?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir. A new drug delivery system on the liposome based formulation of an old antifungal, anti-leishmenial drug amphotericin B, has been developed for the first time at Liposomal Research

Centre (LRC) in the Department of Bio-chemistry, University of Delhi.

(b) The drug liposomal amphotericin B has undergone successful limited Phase-I and Phase-II clinical trial of safety and efficacy in human beings and is presently undergoing Phase-Ill clinical trial of safety and efficacy in human being against visceral leishmaniasis (Kala-azar) at Patna Medical College, Patna and at Seth G.S. Medical College and KEM Hospital, Parel, Mumbai.

(c) the availability of the drug in the market will depend upon the evaluation of results of Phase-III clinical trial by Drugs Controller General (India) and Deparment of Bio-technology and the transfer of Technology for commercial manufactures of the formulation by NRDC

Blood-Banks without Licences

995, SHRI N. THALAVAT SUNDARAM: Will the PRIME MINISTER be pleased to state:

(a) whether according to the Supreme Court's directive issued last year, no Blood Bank would be allowed to function without a licence after January, 1997;

(b) if so, whether Government have taken any measure to enforce this directive;

(c) the number of Blood Banks in Tamil Nadu which have been issued licences, till date; and

(d) the number of Blood Banks without licences in Tamil Nadu?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WEFLARE (SHRIMATI RENUKA CHOWDHURY), (a) and (b) Yes, Sir. However, an extension for cut off date for fonctioning of unlicensed Blood Banks was granted till 17-5-1997. State/UTs. have already taken measures j to enforce this directive.

(c) and (d) Central Licence Approving Authority received 145 application from Drugs Controller, Tamilnadu for approval. Out of these, 133 applications were approved, 7 applications rejected and 5 applications are under process.

Spread of Dengue

996. SHRI YERRA NARA-YANASWAMY. Will the PRIME MINISTER be pleased to state:

(a) whether dengue has spread all over India;

(b) if so, what steps Government are taking to alert the States;

(c) whether a conference has been called to discuss this problem with State Governments; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Government is aware of the outbreaks of Dengue Fever which have occurred in certain parts of the country at different periods.

(b) An Action Plan for prevention and control of Dengue and Guidelines for preparation of contingency Plan for tackling possible outbreaks of Dengue have been prepared and circulated to all the State Governments for undertaking the following measures:

—Intensification of surveillance activities; —vector control measures; —strengthening of hospital services for proper management of cases; — intensification of information, education and communication activities; —source reduction; — organisation of training programmes; and

-mass awareness campaign by the Ideal bodies; '

(c) The matter regarding prevention and control of Dengue has been discussed on different occasions with the State Govts. A meeting with the Health